

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each.
in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa

District of _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 132

County Registrar No. 107

Local Registrar No. 63

No. M. + J. Hospital St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child Emmet Oliver Nail

3. Sex of Child Male
To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? yes

7. Date of birth Feb. 14-1920
Month day year

5. No., in order of birth 1

8. FATHER

Full name William L. Nail

9. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz.

10. Color or race Cauc.

11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Clifton

(State or country) Ariz.

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Virginia Kinsey

15. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz.

16. Color or race Cauc.

17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Reynold Co.

(State or country) Texas

19. Occupation

Nature of industry Housewife

20. Number of children of this mother

(a) Born alive and now living 2

(b) Born alive but now dead _____

(c) Stillborn _____

21. Were precautions taken against phthalina neonatorum? yes

(Taken as of time of birth of child herein certified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 5 A. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature Byril M. Brown M.D.

(Physician or midwife)

Address Miami, Ariz.

Given name added from a supplemental report _____

Month, day, year.

Filed Feb-15, 1920 Wesley B. Branton

Filed 3/9, 1920 W. B. Branton

Registrar.

Local Registrar.

County Registrar.

553-214-528